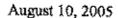
Name of Person Filing Dennis Lamczik	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or included the selling with your labor organization or with a trust in which your labor organization.	wish dealing with the businese rety seeking to represent, or Brectly to, or otherwise				
8. Name and address of Susiness (Including trade name, ∦ any),	9. Buskiess deals with:				
Name Laborers' Health and Safety Fund (LHSFNA)	∇				
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bidg., Room No., if any	G. Employer				
Straet 905 16th Stroet, NW					
Cay Washington					
State District of Columbia ZP Code + 4 20006					
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Provides health and safety services to LIUNA signatory contractors and LIUNA Health end Welfare Funds.				
Trade Name, if any:					
P.O. Box, Sidg., Room No. If any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	3-29-04 Had dinner \$195.70 5-10-04 Had dinner \$92.52 9-27-04 Had dinner \$75.27 10-15-04 Had dinner \$39.13				
	12.b. Amount, \$403				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	44.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	,				
City					
State ZIP Code + 4					
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.				





U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, DC 20210

RE: Form LM-30 Filing for Dennis Lamczik, Labor Organization File No. 000-131

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to see systematic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and reverse its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in the circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relieved upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that received in 2004.

Dennis Lamczik

LIUNA International Rep.

1312 Rhode Island Ave., NW #B

Washington, DC 20005

Enclosure